

## Critical Incident Reporting Instructional Guide

### Introduction

A critical goal of the SSVF Program is to ensure the safety of all participants, supportive service coordinators and their staff. If a Grantee becomes aware of a health or safety issue related to the participant, including unsafe accommodations, the Grantee must report the issue to the appropriate authorities. Once the appropriate authority has been alerted, the Grantee should notify the SSVF Program Office about a critical incident involving a participant as soon as possible, but within a timeframe not to exceed 48 hours after the Grantee has been made aware of the situation.

### Grantee Policies and Procedures

All Grantees are required to include a Critical Incident Policy in their SSVF Policies and Procedures. This policy should include the following information: 1) what constitutes a critical incident, 2) how to define an incident as critical, 3) how to respond accordingly, 4) who is responsible for responding, 5) a detailed action plan, and 6) an internally established timeframe for responding to the incident and reporting the incident to the SSVF Program Office.

### Submitting Critical Incident Reports to the Program Office

1. Grantee should complete the first two sections of the critical incident reporting form (Agency Information and Client Information) using the drop down menus provided. **The report should not contain any Personally Identifiable Information (PII) and Veterans should be identified only by their HMIS ID.** Grantee should enter the Staff Name, Email Address, Phone Number, and Date of this Report by typing directly into the form. The date of the report is the date the report is completed by Agency Staff.

#### Agency Information:

Name of Grantee:	
Program Number:	
Agency Staff Name (First and Last):	
Agency Staff Email Address:	
Agency Staff Phone Number:	
Date of this Report:	

#### Client Information:

Client HMIS ID #:	
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2. Grantee should indicate the type of incident that occurred by selecting and checking **one** of the options provided. The "Other" checkbox should only be used if the incident does not fit any of the prior checkbox options. If selecting the "Other" provide an explanation in the textbox provided next to the checkbox.

**Type of Incident (Please Check Only One):**

- ☐ Death (Suicide)
- ☐ Death (Homicide, Unexpected)
- ☐ Assault (Physical, Sexual, Etc.)
- ☐ Domestic Violence
- ☐ Aggressive Act by Veteran (Verbal Threats, Stalking, Etc.)
- ☐ Aggressive Act by Other (Including Agency Staff)
- ☐ Suicidal and/or Homicidal Ideation (Thoughts of Suicide/Homicide)
- ☐ Health & Welfare Check
- ☐ Allegation of Criminal Acts by Grantee or Subcontractor (e.g. Fraud, Theft, Abuse)
- ☒ Other Incident (please specify in highlighted space)

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3. Grantee should complete the following incident information (Date & Time of Incident, Location/Address of Incident, and Incident Description) by typing the information directly into the form. The incident description should be clear and concise and include only information relating to the critical nature of the incident. Grantees should ask themselves the following questions: "Why is this incident considered critical to the wellbeing and housing stability of those involved?" and "Why is it necessary that the Program Office be notified of this incident and have this information on file?"

<b>Date &amp; Time of Incident:</b>	
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<b>Location/Address of Incident:</b>

<b>Incident Description:</b>

4. Grantee should indicate whether the incident garnered media attention. This may occur if the incident involves a criminal act committed by or against the Veteran. This information is required for reporting purposes to Veterans Affairs Central Office (VACO).

<b>Did this incident receive media attention?</b>	
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5. Grantee should indicate the action/s taken by using the "Yes/No" drop down menu provided for each of the options (#1- #9). If Grantee selects "Yes" for an action, Grantee must select "Yes" or "No" for the corresponding question (located directly to the right of the listed action). If Grantee selects action #8 or #9, Grantee must provide a narrative response.

1.) 911 Contacted:	No			
2.) Veterans Crisis Line Contacted (1-800-273-TALK):	No	Was Veteran Provided with Referral/Resources by Hotline Operator? _____		
3.) Other Crisis Hotline Contacted:	No	Was Veteran Provided with Referral/Resources by Hotline Operator? _____		
4.) Law Enforcement Contacted:	Yes	Was Veteran taken into custody?	No	Veteran escorted by law enforcement? Yes
5.) Adult/Child Protective Services Contacted:	No	Agency Name:	_____	Case Opened: _____
6.) VA Medical Facility Contacted:	No	Facility Name:	_____	Admitted: _____
7.) Other Medical Facility Contacted:	No	Facility Name:	_____	Admitted: _____
8.) Health & Welfare Check:	No	Enter Results:	_____	
9.) Other:	No	Describe:	_____	

- Additional Follow Up  
Provided:**

- |                                  |           |           |       |
|----------------------------------|-----------|-----------|-------|
| 10.) Contact with Veteran:       | <u>No</u> | Date:     | _____ |
| 11.) Contact with Third<br>Party | <u>No</u> | Date:     | _____ |
| 12.) Other:                      | <u>No</u> | Describe: |       |

- Report Reviewed By (Please Include Agency Staff Name & Title):**

8. The rest of the form is for **VA internal use only**. The Program Office will use this section to track the review process for critical incident report submission.
9. Grantee should submit the completed form to the SSVF Program Office via e-mail at [SSVFCriticalIncidents@va.gov](mailto:SSVFCriticalIncidents@va.gov).
10. The Program Office will conduct a review of the submitted critical incident report and the Regional Coordinator will contact the Grantee within two business days if any further action is necessary.